

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

010- 1579

SFUND RECORDS CTR

999085189

PRODUCER OF WASTE (Must be filled by producer)

Name: KURDY-COLTER CORP CODE NO.

Pick up Address: 218 N AVALON WILMINGTON

Telephone Number: () 830-0330 P.O. or Contract No.:

Order Placed By: JACKIE Date: 7-5-78

Type of Process which Produced Wastes: EQUIPMENT CLEANING CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input checked="" type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input checked="" type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input checked="" type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 10 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 68 ☐ gal ☐ tons ☒ barrels (142 gal.) ☐ other (SPECIFY)

Containers: ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Halloway

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

FIX & BRAIN VACUUM TRUCK SERVICE

233 E. "D" St., P.O. Box 76, Wilmington, California 90744

Phone: (213) 835-5684

Pick Up: 7-5-78 Time: 1:30 am ☐ pm ☐

State Liquid Waste Hauler's Registration No. (if applicable): 10

Job No.: 15004 No. of Loads or Trips: 1 Unit No.: 127

Vehicle: ☒ vacuum truck 68 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

M. R. Begian

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type) Ortner 100 CODE NO.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any): 12.25

Handling Method(s):

☐ recovery

☐ treatment (specify): CODE NO.

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): CODE NO.

If waste is held for disposal elsewhere, specify final location: Disposal Date: 7/5/78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A081604

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DOT Proper Shipping Name